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FACSIMILE TRANSMISSION COVER SHEET**Date:** May 19, 2004**To:** Examiner Leigh M. Garbowski, Art Unit 2825**Fax:** (703) 872-9306**Re:** **Application Serial No.: 10/029,476**
Filing Date: 10/24/2001; Inventor(s): Lampaert, et al.
F&F LLP Docket No.: 01CON214P**From:** Sukhie Bal, Office Administrator**Number of pages including the cover sheet:** 22**Message:**

Enclosed please find the Amendment and Response to the Non-Final Office Action dated January 20, 2004. The First Month Extension fee of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

05/20/2004 ZJUHR1 00000032 10029476

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Attorney Docket No.: 01CON214P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Lampaert, et al.SERIAL NO.: 10/029,476 FILED: October 24, 2001FOR: Method and System for Predictive Multi-Component Circuit Layout Generation with Reduced Design CycleHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	34	MINUS **34	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 01CON214P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

5/19/04

By:


Michael Farjami, Reg. No. 38,135**CERTIFICATE OF FACSIMILE TRANSMISSION**

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5/19/04

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